



ATWELL COLLEGE

Rugby League Specialist Program

Application Form

Completed applications to
RLSP 2020 – Jemma Coelho
201 Brenchley Dr, Atwell 6164
jemma.coelho@education.wa.edu.au





ATWELL COLLEGE

RUGBY LEAGUE SPECIALIST PROGRAM (RLSP)

The College's aim is to provide a high quality and inclusive school-based specialised program for students exhibiting a special talent in Rugby League or in any other football code. In this program, the College provides opportunities to develop life skills such as leadership, teamwork, fair play, competitiveness, responsibility and community involvement in the context of a team sport.

Students will receive a maximum of 4 periods per week for Rugby League and Physical Education lessons. These lessons involve skill development, conditioning and theory lessons.

Practical sessions are conducted at various venues and involve specialist coaching from local, state and national organisations. These practical sessions consist of skill development as well as refereeing and coaching development.

The selection criterion for the program is not solely based on sporting ability. We also assess attitude towards personal health and fitness, potential for development in Rugby League and attitude towards school and their education. Students who live outside the local intake area will only be accepted if the College has capacity.

Please be aware that there are costs associated with the 2020 program. A subject fee will be added to normal school fees. All students accepted into the program will be required to purchase a RLSP playing and training kit. This includes a sports bag, RLSP sublimated training shirt, training singlet, playing shorts, playing socks. This cost will be approximately \$160. During the year, students will be transported to games via the Atwell College bus or Buswest. This will also incur a charge of \$5 - \$10 per trip depending on the location.



ATWELL COLLEGE

2020 Year 7 RLSP – Trial – Thursday 27th June 2019.

Attendance/Briefing: Atwell Reserve – 8:45am

Trial: 9:00am – 11:00am

Applications need to be submitted to the College administration or emailed to jemma.coelho@education.wa.edu.au by Tuesday 25th June.

If you are unable to attend the trial, then an alternative time or meeting can be arranged.

**TRIAL CONSENT FOR STUDENTS INTERESTED IN THE RUGBY LEAGUE
SPECIALIST PROGRAM**

Note, in addition the following points should be made:

1. Tackling will be involved in the trials.
2. Staff accompanying students at the trial will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.
3. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property that may occur at the trial where, in all circumstances, staff have not been negligent.
4. Department Insurance does not cover personal accidents through misadventure nor loss or damage of personal belonging.
5. Students who display unacceptable behaviour during the trial will be removed.
6. A completed medical form is required if your child will be attending the trials unaccompanied by a parent/carer.

I have read and understood the information regarding the trial/application and give my consent for my son to participate.

Signature of parent/guardian: _____ **Date** _____



ATWELL COLLEGE

Student Details (please print)

First Name: _____ Surname: _____

Date of Birth: ____ / ____ / ____ Current Year Level: _____

Present School: _____ Previous School: _____

Achievements

1. Do you currently play for a Rugby League/Union/Football/Soccer/_____ Club?

If **YES**, please list the club/s:

2. If you play Rugby League/Union, what position do you currently play?

3. Please list your sporting achievements:

When available, please email a copy of your Semester 1 2019 school report to jemma.coelho@education.wa.edu.au. Alternatively, you may submit a copy at the trial or to Atwell College administration addressed to Jemma Coelho.



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Parent/Guardian Details (Please Print)

Parent/Guardian 1:

Title: _____ First Name: _____ Surname: _____

Relationship to student: _____

Residential Address: _____

_____ Postcode: _____

Postal Address: *(if different from residential)*

_____ Postcode: _____

Contact Number:

Home: _____ Work: _____

Mobile: _____ Email: _____

Parent/Guardian 2:

Title: _____ First Name: _____ Surname: _____

Relationship to student: _____

Residential Address: *(if different from Parent/Guardian 1)*

_____ Postcode: _____

Postal Address: *(if different from residential)*

_____ Postcode: _____

Contact Number:

Home: _____ Work: _____

Mobile: _____ Email: _____

*email is the preferred means of contact

Student Excursion Health Form

STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion and provides relevant information in case of an emergency.

STUDENT DETAILS

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Full Name: _____

Address: _____ Postcode: _____

Telephone no. – home: _____

– work: _____

– mobile: _____

Name of Family Doctor: _____

Telephone no: _____

Medicare No: _____ Private Health Care Provider: _____ Private Health Care No.: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes

☐

No

☐

If "yes", please give details or attach emergency response plan: (space provided on back of form)

Child's Weight: _____ (required in case of emergency hospital admission)

Is your child allergic to:

Penicillin

☐

(Please give details and provide emergency response plan)

Any other drug

☐

Any food

☐

Other

☐

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes

☐

No

☐

If "yes", state name of medication, dosage and frequency of use (space provided on back of form)

Does your child self-administer the medication?

Yes

☐

No

☐

Does your child have a current Health Care Authorisation Plan at school?

Yes

☐

No

☐

Other information

Please provide any other information about your child including if the proposed excursion poses any additional health risks to those identified in the Student Health Care Form

Medical Details:

Medication:

Name of Medication	Dosage e.g. mg, mls	Time of Administration	Route of Administration e.g. oral, PEG

I give permission for my son/daughter to receive medical treatment in case of emergency.

It is strongly recommended that you have ambulance cover for your child as in the case of an emergency an ambulance will be called at your cost.

Parent Signature: _____